STATE OF COLORADO

# State Plan for Prevention, Intervention and Treatment Services for Children and Youth Fiscal Years 2006-2009

**Colorado Department of Education**

**Colorado Department of Human Services**

**Colorado Department of Public Health and Environment**

**Colorado Department of Public Safety**

**Colorado Department of Transportation**

**June 2005**

## TABLE OF CONTENTS

## ACKNOWLEDGEMENTS

The State Plan for Prevention, Intervention and Treatment was revised by the Colorado Prevention Leadership Council's State Plan Committee with the guidance from the members of the Colorado Prevention Leadership Council and with input and feedback from private and public stakeholders.

Key interdisciplinary stakeholder groups that informed the State Plan included the Early Childhood State Systems Team, the Colorado Systems of Care Collaborative, and the Interagency School Health Team of the Colorado Connection for Healthy Schools.

Special thanks goes to Chele Clark, program assistant, Interagency Prevention Systems, Colorado Department of Public Health and Environment, for preparing the State Plan Zoomerang Survey and compiling the survey results and input from stakeholders.

The State Plan Committee members were:

Robert Bixler
: Former Director of Regional Prevention Services, OMNI Research and Training

José Esquibel
: Director of Interagency Prevention Systems, Colorado Department of Public Health and Environment

Anna López
: Delinquency Prevention Program Manager, Office of Adult and Juvenile Justice Assistance, Colorado Department of Public Safety

Stan Paprocki
: Senior Consultant, Prevention Initiatives, Colorado Department of Education

Mary VanderWall
: Director of Prevention Services, Alcohol and Drug Abuse Division, Colorado Department of Human Services

## COLORADO PREVENTION LEADERSHIP COUNCIL
### MEMBERS, 2005

**COLORADO DEPARTMENT OF EDUCATION**
Stan Paprocki, Prevention Initiatives

**COLORADO DEPARTMENT OF HUMAN SERVICES**
Charles Perez, Child Welfare Division
Kevin Richards, Colorado Works
Mary VanderWall, Prevention Services, Alcohol and Drug Abuse Division

**COLORADO DEPARTMENT OF LAW**
Mark Messenbaugh, Esq. Office of the Attorney General

**COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT**
José Esquibel, Interagency Prevention Systems Program, Prevention Services Division
Katy Kupecz, State Tobacco Education Prevention Partnership, Prevention Services Division
Karen O'Brien, Office of Local Liaison
Lena Peschankaia, Prevention Services Division
Jan Reimer, Maternal Child Health, Prevention Services Division
Barbara Ritchen, Child, Adolescent and School Health, Prevention Services Division
Jason Vahling, Adolescent Health, Child, Adolescent and School Health, Prevention Services Division

**COLORADO DEPARTMENT OF PUBLIC SAFETY**
Anna Lopez, Office of Adult and Juvenile Justice Assistance
Meg Williams, Office of Adult and Juvenile Justice Assistance

**COLORADO DEPARTMENT OF TRANSPORTATION**
Kirsten Jahn-Elfon, Office of Safety and Engineering

**COLORADO STATE UNIVERSITY**
Jan Carroll, Cooperative Extension 4 H Youth Development

**EARLY CHILDHOOD STATE SYSTEMS TEAM**
Scott Raun, Division of Child Care, Colorado Department of Human Services

**OMNI RESEARCH AND TRAINING**
Jim Adams-Berger, OMNI Research and Training
Janet Shown, Regional Prevention Services

**SOUTHWEST CENTER FOR THE APPLICATION OF PREVENTION TECHNOLOGY**
Joanie Liebman, Colorado Liaison

**UNIVERSITY OF COLORADO HEALTH SCIENCES CENTER**
Judy Baxter, Colorado Health Outcome Program

# PURPOSE

The purpose of this State Plan is to provide a framework for the implementation of Colorado Revised Statutes (C.R.S.) § 25-20.5-105, 106, and 108, "Prevention, Intervention and Treatment Services for Children and Youth." The primary goal of this landmark legislative mandate is to improve the health and well being of Colorado's children and youth by coordinating programs at the state level to ensure that those programs are responsive to the needs of communities in order to more effectively serve this population. It should be noted that while the statute typically defines the service population as children and youth, the partners of various state agencies recognize that families are an integral part of effective programs and services. C.R.S.§ 25-20.5 excludes the following state-managed programs:

(a) Any juvenile programs operated by the Division of Youth Corrections in the Department of Human Services;
(b) Any program operated for juveniles in connection with the state judicial system; and
(c) Any program pertaining to out-of-home placement of children pursuant to Title 19, C.R.S.

The goals and objectives of this State Plan will guide the implementation of innovative approaches to enhancing the prevention, intervention and treatment systems through collaboration among state agencies, partners and advocates, and community representatives.

The lead state body for this effort is the Prevention Leadership Council, a collaborative group consisting of representatives from six state agencies, two institutions of higher education, three statewide resource organizations, and a public/private early childhood partner. The Prevention Leadership Council was created as a result of C.R.S.§ 25-20.5 to promote coordinated planning, implementation, and evaluation of quality prevention and early intervention services for children, youth, and families at the state and local levels.

Per statute, the Colorado Department of Public Health and Environment, Prevention Services Division, is the state agency with the primary responsibility of facilitating interagency efforts relating to the delivery of state and federally funded prevention, intervention and treatment services.

# STATE PROGRAMS

The following is a list of the prevention, intervention and treatment programs for children and youth that are operated or funded by five state agencies, excluding children and youth in out-of-home placement and juvenile programs operated by the Division of Youth Corrections as well as those connected with the state judicial system.

**DEPARTMENT OF EDUCATION**

**Center for At-Risk Education**
- Even Start Family Literacy

**Prevention Initiatives**
- Colorado Preschool Program
- Community Consolidated Child Care Pilots
- Comprehensive School Health
- Education for Homeless Children and Youth
- Expelled and At-Risk Student Services
- Improving Health, Education and Well-Being
- Out-of-School-Time Care
- Safe and Drug-Free Schools and Communities

**DEPARTMENT OF HUMAN SERVICES**

**Alcohol and Drug Abuse Division**
- Law Enforcement Assistance Fund (LEAF)
- Substance Abuse Prevention Block Grant

**Children's Mental Health**
- Kid Connects

**Division of Child Care**
- School Readiness

**Division of Child Welfare**
- Promoting Safe and Stable Families

**DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT**

**Executive Director's Office**
- Abstinence Education Programs

**Prevention Services Division**
- Child and Adult Care Food Program
- Colorado Children's Trust Fund
- Community Interventions to Reduce Motor Vehicle Injuries
- Family Resource Centers
- Health Care Program for Children with Special Needs
- Maternal and Child Health Block Grant
  - Health Care Program (Children with Special Needs)
  - Healthy Child Care Colorado
  - School Based Health Centers
- Nurse Home Visitor Program
- Oral Health
- Sexual Assault Programs

STEPP: Community Programs to Reduce Tobacco Use
STEPP: Colorado Collegiate Tobacco Prevention Initiative
STEPP: Get REAL!
STEPP: K-12 Tobacco Prevention Initiative
STEPP: Youth Access/Merchant Compliance Synar Program
STEPP: Youth Smoking Cessation Project
Suicide Prevention
Tony Grampsas Youth Services Program
Women, Infants and Children (WIC) Supplemental Food Program

**DEPARTMENT OF PUBLIC SAFETY**

**Division of Criminal Justice**

Juvenile Justice and Delinquency Prevention Formula Grants
Title V Juvenile Delinquency Prevention Incentive Grants

**DEPARTMENT OF TRANSPORTATION**

**Office of Safety and Engineering**

Bicycle and Pedestrian Safety Program
Impaired Driving/Substance Abuse Prevention
Underage Drinking Prevention Programs
Occupant Protection Program
Young Drivers Program

# VISION, MISSION AND VALUES

## VISION

A coordinated system of quality prevention and early intervention and treatment services to improve the health and well being of all children, youth and families in Colorado.

## MISSION

Provide a strong, unified voice for prevention, early intervention and treatment in Colorado and promote coordinated planning, implementation and evaluation of quality prevention, early intervention and treatment services for children, youth and families at the state and local levels.

## VALUES

State and local collaborative partners must develop a streamlined and coordinated system for the delivery of prevention, intervention and treatment services for children and youth. This system shall incorporate the following values:

- Support an environment in which children and their families are emotionally and physically healthy and are connected to an engaged and supportive community.
- Services and supports are provided in the best interest of the child to ensure that all of the child and family's needs are being met.
- Provide services and supports in the most appropriate and least restrictive environment and in the home community of the child, youth and family.
- Honor diverse cultural values within communities. Programs must be culturally appropriate and must reflect sensitivity to ethnicity, gender, education and geography.
- Promote individual responsibility and strengths through the enhancement of resiliency, protective factors and developmental assets, enhance community responsibility through societal commitment to the reduction of risk factors, and create an environment where children and youth can thrive.
- Reduce disparities leading to negative outcomes among groups most at risk.
- To the extent possible, assure that programs have researched-based principles as their foundation.
- Remain flexible and open to new ideas and community initiatives.
- Support a child, youth and family focus in program design.
- Encourage the development of delivery systems that ensure availability of services throughout the state.
- Maintain state and local prevention, early intervention and treatment partnerships that foster the health and well being of Colorado children and youth.

## GOALS OF THE COLORADO STATE PLAN FOR PREVENTION, INTERVENTION AND TREATMENT PROGRAMS FOR CHILDREN AND YOUTH

The Colorado State Plan has seven main goals based on the requirements of C.R.S.§ 25-20.5-105, 106, and 108:

**Goal I: Coordinate and streamline state-level processes.** This goal focuses on objectives and activities related to implementing streamlined and coordinated processes for distributing resources and administering programs.

■

**Goal II: Enhance the capacity of local communities and prevention, intervention and treatment providers.** This goal focuses on assisting communities and local providers in maintaining and/or enhancing the capacity to deliver efficient and effective prevention, intervention and treatment services.

■

**Goal III: Enhance prevention, early intervention and treatment services through the application of standards for providers and service delivery, promoting "best practices/best processes," and fostering rigorous program evaluation.** This goal focuses on the application of standards for providers and service delivery, promoting evidence-based approaches to services, and evaluating effectives of services.

■

**Goal IV: Assure that user-friendly data are available to local communities.** The focus of this goal is to provide access to data in order to assist local planning and decision-making processes.

■

**Goal V: Develop and maintain mechanisms to ensure collaborative planning and decision-making between local service providers, community groups, and state agencies.** The focus of this goal is to ensure ongoing planning efforts across state agencies, between state and local community groups, and within communities.

■

**Goal VI: Promote prevention, early intervention and treatment services for children and youth.** The focus of this goal is on reporting program outcomes and accomplishments to key decision-making groups.

■

**Goal VII: Review and revise the State Plan.** The focus of this goal is to review the State Plan annually and revise it biennially, as necessary, in conjunction with collaborative partners and with input from local communities.

# BACKGROUND

## LEGISLATIVE MANDATE

This State Plan is required by House Bill 00-1342, which was sponsored by Representative Marcy Morrison and Senator Doug Lamborn. This legislation became Article 20.5 under Title 25 of the Colorado Revised Statutes (C.R.S) and addresses coordination and streamlining of state processes related to state-managed prevention, intervention and treatment services for children and youth. The statute created a new division within the Colorado Department of Public Health and Environment, which is currently known as the Prevention Services Division.

The Prevention Services Division is the lead agency providing oversight of the implementation of C.R.S. § 25-20.5. The other four agencies required to coordinate and collaborate in regard to state processes related to prevention, intervention and treatment programs are the Colorado Department of Education, the Colorado Department of Human Services, the Colorado Department of Public Safety, and the Colorado Department of Transportation. Voluntary state partners included the Department of Law, Colorado State University Cooperative Extension Office, and the University of Colorado Health Sciences Center.

## STATUTORY REQUIREMENTS

Representatives of the state agencies that fund prevention, intervention and treatment services make up the membership of the Prevention Leadership Council. (See page iv for a list of members.) The Prevention Leadership Council is the body charged with the development and implementation of the following, as related specifically to C.R.S § 25-20.5:

- ***Memoranda of Understanding***. As required by C.R.S.§ 25-20.5-107, a memorandum of understanding was signed by July 1, 2001, with each state agency that provides prevention, intervention and treatment services. These memoranda are collectively a tool for achieving consensus regarding the coordination of the prevention, intervention and treatment programs administered by the executive agencies.

- ***State Plan***. The purpose of the plan is to establish and implement goals for improving the delivery of prevention, intervention and treatment services to children and youth throughout the state. The law requires the plan to establish standards and measurable outcomes; develop methods to target and prioritize resources throughout the state; and identify methods to foster collaboration at the local level. The initial plan was approved by Governor Bill Owens and distributed to stakeholders in March 2001. The statute requires a review of the State Plan every two years.

- ***Uniform administrative processes***. The departments are charged with developing uniform processes for grant application, grantee selection, and program monitoring.

- ***Annual Report.*** The annual report provides an account of the state and federal funding that is available for services, the identification of the specific service populations, the anticipated outcomes and evidence of achieving outcomes.

- ***Uniform Minimum Standards.*** The intent of this requirement in the legislation was to create uniform language and common expectations across state and local prevention/intervention programs, and to ensure the provision of high-quality prevention and intervention services throughout the state. The following standards are specified in the legislation:

    - That programs provide research-based services that have been implemented in one or more communities with demonstrated success or that otherwise demonstrate a reasonable potential for success;
    - That programs provide outcome-based services, specifying the outcomes to be achieved; and
    - That programs work collaboratively with other public and private programs in the community.

    The Prevention Leadership Council developed the Uniform Minimum Standards, and the standards were officially approved in March 2004.

- ***Collaboration.*** The statute requires that the five state agencies that fund prevention, intervention and treatment services for children and youth work collaboratively with other public and private prevention, intervention and treatment programs in the community and with local governments, local health agencies, county departments of social services, and faith-based organizations in the community. The Prevention Leadership Council is the state body that focuses on collaborative interagency efforts and coordinates with private partners.

# DEFINITIONS OF PREVENTION, INTERVENTION AND TREATMENT SERVICES

## PREVENTION PROGRAMS

***Purpose:*** Prevention programs are proactive, interdisciplinary efforts to empower individuals to choose and maintain healthy life behaviors and lifestyles, thus fostering an environment that encourages law-abiding and non-troubled behavior.

***Populations and Services*:** Prevention programs are designed to reach a larger audience base. This base may range from a universal population of all citizens to a more selective population specific to the risk issue being addressed. An example is a curriculum-based program that is delivered in a school setting to all students of a particular grade, or a parenting skills program for parents of at-risk children and youth, or community-based efforts to address smoking in public buildings.

## INTERVENTION PROGRAMS

***Purpose:*** Intervention programs are proactive efforts to intervene at early signs of problems to stop disease, to reduce crises and to change problem behaviors.

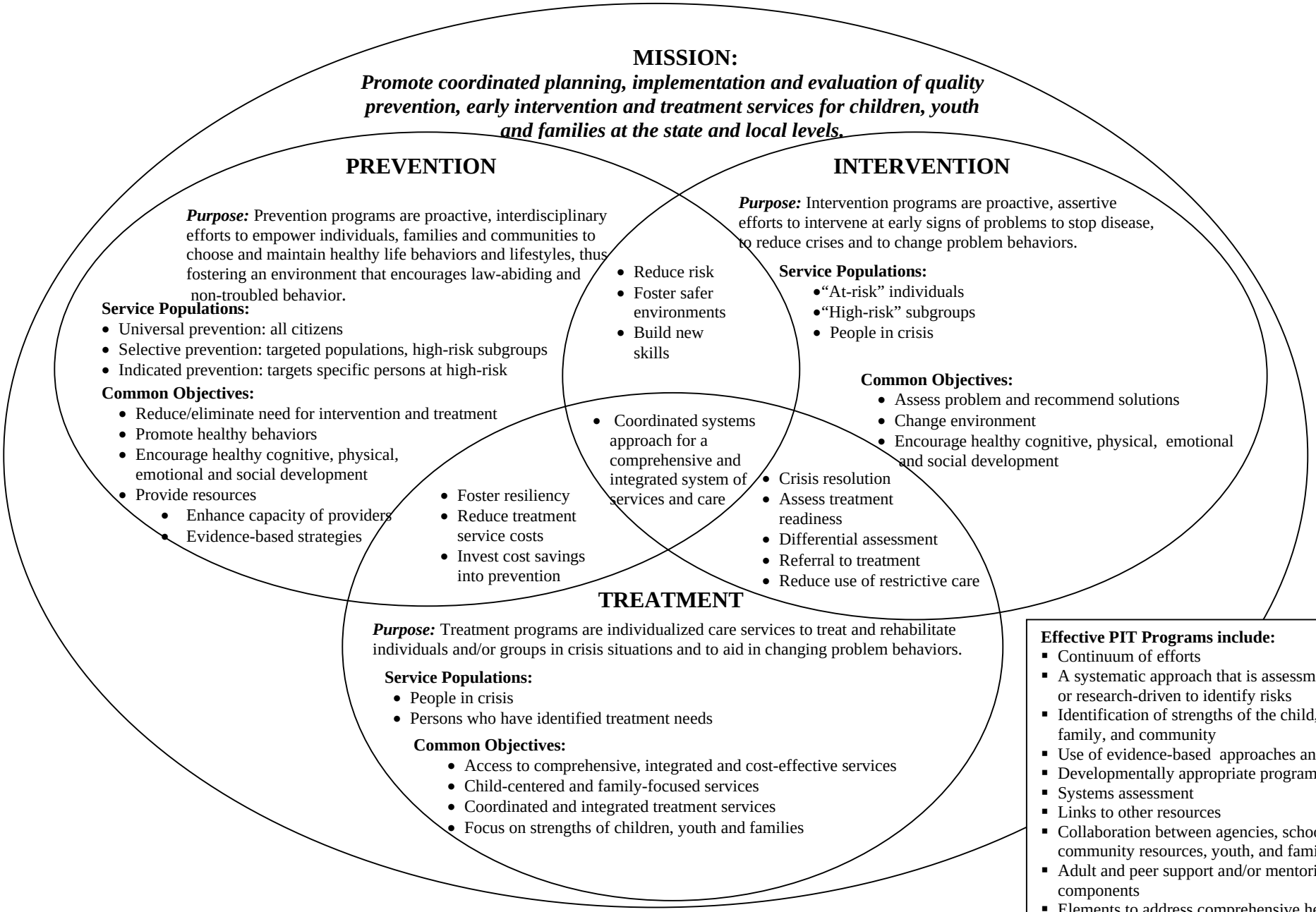
***Populations and Services:*** Intervention programs are designed to reach populations that have greater potential for, or are participating in, high-risk behaviors. An example is family case management services for high-risk families.

## TREATMENT PROGRAMS

***Purpose:*** Treatment programs are individualized care services to treat and rehabilitate individuals and/or groups in crisis situations and to aid in changing problem behaviors.

***Populations and Service:*** Treatment programs are designed to reach populations that have been identified as persons in crisis, active in one or more risk behaviors and in need of treatment. Examples include individual, group and family therapy/counseling, or mental health and substance abuse treatment services.

# FIGURE 2: PREVENTION-INTERVENTION-TREATMENT MODEL



# GOALS

***The goals typically focus on children and youth as the service population, in accordance with statutory directives. However, the department and the partner agencies recognize and support that families are an integral component of programs serving children and youth.***

**GOAL I: Coordinate and streamline state-level processes for distributing resources and administering programs.**

**Objective 1.1: Convene the Prevention Leadership Council to continue cross-state agency coordination and collaboration.**

**Benchmarks:**

- Rules and Regulations for Prevention, Intervention and Treatment Programs for Children and Youth are reviewed and updated.
- Memoranda of agreements are established with new collaborative partners.
- The Prevention Leadership Council serves as the state advisory council for prevention, intervention and treatment initiatives related to children and youth.

**Objective 1.2: Produce an Annual Report of prevention, intervention and treatment programs operated by the Department of Education, the Department of Human Services, the Department of Public Health and Environment, the Department of Public Safety and the Department of Transportation.**

**Benchmarks:**

- Protocols for online entry of data for the Annual Report are in place.
- Data for the Annual Report is linked to the online Resource and Indicator Database.
- The Annual Report is completed by December 1st of each year.
- Program funding information is accessible to the general public and to prevention, intervention and treatment providers and advocates through the online Resource and Indicator Database.

**Objective 1.3: Improve communication among state agencies, foundations, local service providers and local coalitions regarding existing programs/services and potential sources of funding.**

**Benchmarks:**

- The Annual Report on state-managed programs is completed and disseminated.
- A system is instituted that identifies state agency funding availability for prevention, intervention and treatment programs and is coordinated through the Prevention Leadership Council.

- Information about state agency funds for prevention, intervention and treatment services is available on a single Web site, including the posting of requests for proposals/grant applications on the site.
- Foundations, and other private funders, are invited to include information on their service providers in the Resource and Indicator Database.
- Web-based Reporting and Evaluation data findings are synthesized and shared at regional summits and through existing state agency newsletters.

**Objective 1.4: Standardize common components of requests for proposals and grant applications across five state departments that fund prevention, intervention and treatment programs.**

**Benchmarks:**

- Input on common application components is collected from service providers and other stakeholders.
- Common application components are identified. These components may include, but are not limited to, the following:
  - needs assessment, including information on racial and ethnic disparities
  - contributing factors
  - Uniform Minimum Standards
  - minimum computer system requirements for Web-based reporting and evaluation
- Common application components are approved by the Prevention Leadership Council.
- Common application components are integrated into requests for proposals/grant applications of the five state agencies that fund services for children and youth.
- Uniform language regarding how priorities and proposed services address health disparities is included in every request for proposals/grant application for prevention, intervention and treatment services.

**Objective 1.5: Institute grant application and review processes for prevention, intervention and treatment funds that are standard across departments that fund services for children and youth.**

**Benchmarks:**

- Requests for proposals/grant applications for prevention, intervention and treatment services are posted on a central state Web page.
- A uniform process and uniform criteria for grant review and selection of programs are developed in the areas of prevention, intervention and treatment.
- The uniform processes and uniform criteria for grant review and selection of programs are approved by the Prevention Leadership Council.
- The uniform processes and uniform criteria for grant review and selection of programs are implemented by the five state agencies that fund services for children and youth.

**Objective 1.6: Institute a process for assessing the application of the Uniform Minimum Standards that is standard across state agencies.**

**Benchmarks:**

- A tool and process for assessing the application of Uniform Minimum Standards for prevention and intervention programs are developed and includes a standard rating system.
- The Uniform Minimum Standards assessment tool and process are tested with selected contract providers.
- The Uniform Minimum Standards assessment tool and process are linked to the required program reviews (C.R.S. 25-20.5 110(3)(a)).
- The Uniform Minimum Standards assessment tool and process is approved by The Prevention Leadership Council.
- The section of the Rules and Regulations Concerning Prevention, Intervention and Treatment Programs for Children and Youth related to the Uniform Minimum Standards is amended as needed.

**Objective1.7: Utilize and sustain a Web-based reporting and evaluation system for prevention and early intervention services for gathering service information and outcome data.**

**Benchmarks:**

- An active committee that is composed of both state agency and community service providers meets to advise the Prevention Leadership Council on further development of the Web-based reporting and evaluation system and on ways data can be utilized for sharing outcomes.
- Protocols for the use of a Web-based state reporting and evaluation system and use of the system's data are established.
- Community service providers are trained in the use of the established reporting and evaluation system.
- State agencies are trained in the use of the Web-based reporting and evaluation system.
- The Web-based reporting and evaluation system is extended to other agencies/organizations for use.
- The Prevention Leadership Council continues to improve the Web-based reporting and evaluation system through assessment and formative evaluation, and with input from services providers.

**Objective 1.8: Collect statewide youth behavior data to inform policy and programs.**

**Benchmarks:**

- State agencies and other interested organizations collaborate in the effort to obtain weighted youth behavior data.
- The administration of the state youth behavior survey is coordinated with that of other surveys.

- The state youth behavior survey is administered every two years.
- Publish and disseminate youth behavior survey results to policy makers, grant administrators and program planners.
- Provide guidance regarding utilization of data for policy change and effective programs to address needs.

**Objective 1.9: Establish a state-level organizational structure to support the early childhood system.**

**Benchmarks:**

- Core functions for the state-level organizational structure of the early childhood system are defined and agreed upon and include systems oversight, public engagement, communication, coordination, a system planning process, resource development, workforce and leadership development, fiscal management, accountability, quality management and evaluation.
- Potential models for a state early childhood organizational structure are researched, and the identified functions of these models are compared to the strengths, needs, and culture of the state of Colorado.
- A public engagement plan is developed to engage key stakeholders in a review of the models for state early childhood organizational structure to foster commitment to the selected model.
- An implementation plan to move toward the selected early childhood organizational structure is developed.

**Objective 1.10: Through state interagency coordination, complete an environmental scan of system collaboration initiatives and state agency plans related to prevention, intervention and treatment services for children and youth.**

**Benchmarks:**

- An inventory of the various interagency groups (task forces, councils, advisory groups) across state departments is completed for the purpose of discussing and reaching agreements on coordinating and collaborating on system of care efforts, spanning the continuum from prevention through treatment services for children and youth.
- A review of the State Plans of child-serving state agencies is conducted and a crosswalk of common goals, objectives, and strategies is completed.
- Common goals, objectives, strategies of various State Plans are incorporated into the State Plan for Prevention, Intervention and Treatment Services for Children and Youth.
- Agencies of state departments that invest in prevention, intervention and treatment services for children and families are part of system of care strategic planning.

**Objective 1.11: Establish a partnership among state agencies to address coordination and integration of state mental health prevention, intervention and treatment systems, programs and services for children and youth.**

**Benchmarks:**

- A state-level children and youth mental health systems-building infrastructure that involves public and private providers, families and consumers is formalized.
- Relationships among statutory bodies with authority to address mental health-related services for children and youth are formalized.
- Recommendations for vertical (local and state) and horizontal (prevention, intervention and treatment) coordination and integration of state children and youth mental health systems are developed and prioritized.
- A plan for implementing at least four of the prioritized recommendations is agreed upon by community groups, state coalitions and collaboratives, and state statutory bodies that address mental health-related services for children and youth.

**Objective 1.12: Enhance the state infrastructure for the Coordinated School Health Initiative.**

**Benchmarks:**

- A state infrastructure to support and implement coordinated school health efforts is coordinated between the Colorado Department of Education and the Colorado Department of Public Health and Environment, Prevention Services Division.
- Resources and leveraged funding for coordinated school health efforts are coordinated between the Colorado Department of Education and the Colorado Department of Public Health and Environment.

**GOAL II: Enhance the capacity of local communities and prevention, intervention and treatment providers through a coordinated system of training and technical assistance.**

**Objective 2.1: Implement a coordinated system for state capacity development and professional development related to prevention, intervention and treatment for children and youth.**

**Benchmarks:**

- State-level training and technical assistance efforts for prevention, intervention and treatment service providers are identified.
- Assessment of state-level training and technical assistance efforts across state agencies is completed, including gaps in resources for technical assistance and training and gaps in content areas.
- State-level agencies coordinate cross-discipline training, technical assistance, and other capacity building efforts.
- Partnerships are formed with private training and technical assistance providers and associations.
- Convene a subcommittee of the Prevention Leadership Council composed of community and state representatives to create a sustainable system of technical assistance and training.
- A systems approach for implementing technical assistance and training is in place, which also addresses the provision of technical assistance and training in communities with limited resource distribution or where no quality resources exist.

**Objective 2.2: Integrate core competencies for prevention and intervention professionals with the Uniform Minimum Standards assessment tool and process.**

**Benchmarks:**

- Core competencies for prevention and intervention service providers are finalized and integrated into the assessment of the application of the Uniform Minimum Standards.
- Data from the assessment of the application of the Uniform Minimum Standards is utilized to identify learning needs of service providers and to prioritize training and technical assistance.

**Objective 2.3: Enhance the capacity of prevention, intervention and treatment providers in delivering effective services through community and state partnerships.**

**Benchmarks:**

- Learning opportunities are identified and addressed at the community level.

- Training and technical assistance that is provided by the state is responsive to identified needs of communities.
- Regional learning communities are established and convened.
- An interagency, cross-discipline course in prevention is developed and aligned with the prevention and intervention core competencies.
- Online planning toolkits for various disciplines are developed and linked to the Resource and Indicator Database.
- Identify exemplary programs developed by local providers and formalize the process for working with these providers on nomination and possible recognition as Exemplary and Innovative Programs at the national level.

**Objective 2.4: Strengthen capacity to provide professional development through coordination of the Colorado Connections for Healthy Schools (the Coordinated School Health Initiative) with the Prevention Leadership Council.**

**Benchmarks:**

- A coordinated calendar of professional development events is maintained.
- A professional development needs assessment of health and prevention staff is coordinated in order to make future professional development needs assessment recommendations.
- The professional development needs of staff of at-risk schools/programs are addressed.
- Goals and best practices for school staff development is coordinated with the Colorado School Professional Development Association.
- A Coordinated School Health Initiative toolkit for trainers is disseminated.

**Objective 2.5: Expand the depth and breadth of knowledge of professionals working in early childhood disciplines.**

**Benchmarks:**

- A core knowledge base for all staff within the early childhood system is established.
- Professional development activities that supplement the core knowledge base across disciplines in the early childhood system are coordinated.
- An integrated plan is developed for credentialing and licensing early childhood staff.

**GOAL III: Enhance prevention, early intervention and treatment services through the application of standards for providers and service delivery, promoting "best practices/best processes," and fostering rigorous program evaluation.**

**Objective 3.1: Increase the effectiveness of state agencies and technical assistance agents to assess the application of the Uniform Minimum Standards by prevention providers and to enhance the capacity of providers to deliver effective prevention and intervention services.**

**Benchmarks:**

- Protocols are developed for use of the Uniform Minimum Standards assessment process (see Goal I Objective 1.6), including the documentation of findings and the identification of technical assistance needs.
- The Uniform Minimum Standards assessment process is integrated as part of site visit and monitoring activities of those state agencies that fund prevention and intervention services for children and youth to assist in identifying opportunities for improvement and exemplary practices.
- A database is developed to store and analyze results from the assessments of the application of the Uniform Minimum Standards.
- The identification of technical assistance needs of prevention providers is linked with a prevention technical assistance and training system.
- State standards of excellence are developed for those state prevention and intervention services not already guided by quality standards.
- Exemplary prevention programs are nominated for Exemplary Awards for Innovative Programs at the national level.

**Objective 3.2: Utilize the Web-based reporting and evaluation system to enhance the evaluation of outcomes of state-funded prevention and intervention programs.**

**Benchmarks:**

- State agencies that fund prevention and intervention services for children and youth utilize a Web-based system for reporting and evaluation of funded services.
- Monitoring and accountability protocols are developed and adopted by all users of the system.
- All program managers using the system are trained on its use.
- Program managers are trained on using the system to identify areas of need for training and technical assistance.

**Objective 3.3: Increase utilization of evidence-based prevention, intervention and treatment programs and strategies among state agencies and local providers.**

**Benchmarks:**

- The Best Practices Web site (www.colorado.gov/bestpractices), a Web-based site for posting research-based strategies and programs, is maintained.
- Protocols are developed for content experts that will include expectations for being a content expert, tips for selecting best practice strategies and programs, and steps for updating the information on the Web site.
- The Best Practices Web site is expanded to include more topic areas from the state agencies that fund prevention, intervention and treatment services for children and youth.
- A framework and/or criteria, complementing federal criteria, is developed to identify and select varying Best Practice strategies and programs for posting on the Web site.
- Information about the Best Practices Web site is integrated into request for proposals/grant applications for prevention, intervention and treatment services.
- The Best Practices Web site is marketed through state agencies to local programs and the public.
- The Best Practices Web site is linked to other state agency Web pages.

**Objective 3.4: Utilize program standards for communicating expectations, ongoing monitoring, and providing incentives for quality early childhood programs and services.**

**Benchmarks:**

- Consensus is reached on the functions of program quality and on standards for early childhood programs.
- Duplication and gaps in standards and quality indicators in the early childhood system are identified.
- An integrated set of quality indicators for the early childhood system is developed.
- Ways to measure quality and to report on quality measures across all service areas of the early childhood system are determined and defined.

**Objective 3.5: Enhance and broaden the use of state-of-the-art approaches for evaluation of prevention, intervention and treatment services for children and youth.**

**Benchmarks:**

- Consistent and useful qualitative evaluation frameworks are utilized to support rigorous program implementation.
- Qualitative data is used for improving program implementation, including assessing fidelity of service delivery, effectiveness of adaptations to evidence-based programs,

staff competency to deliver services, and effective and efficient administration of evaluation activities.
- Where appropriate, evaluation instruments are translated into languages that will facilitate the understanding of the items of the instruments and the administration of the instruments.
- Outcome evaluation results are utilized by service providers to modify and improve program service delivery.

**Objective 3.6: Utilize outcome data and performance measures to identify service priorities and needs and to demonstrate effectiveness of services.**

**Benchmarks:**
- A protocol is in place at various levels for the analysis of data, in particular aggregate data, across state agencies.
- State agencies have a system for utilizing aggregate data to show success and effectiveness of funded programs and use this information to enhance the capacities of other programs and communities during planning processes.
- Aggregate data is used to inform decisions about planning, funding priorities, and capacity development.

**GOAL IV: Assure that user-friendly data are available to local communities to assist in local planning and decision-making processes.**

**Objective 4.1: Facilitate long-range integrated and comprehensive planning, improve resource utilization, and improve assessment of the impact of services on social and health indicators.**

**Benchmarks:**

- The Resource and Indicator Database, a Web-based system for storing and managing indicator and resource data, is maintained through a collaborative private-public effort and is available for use by the public.
- Data and indicators for early childhood, coordinated school health, and systems of care are integrated into the Resource and Indicator Database, including school readiness indicators.
- Core services and indicators are identified across various disciplines and toolkits are developed to facilitate the use of the Resource and Indicator Database for planning.
- A means for collecting and storing needs assessments submitted by prevention, intervention and treatment providers as part of RFP/RFA/grant application processes is instituted.

**Objective 4.2: Utilize social and health indicator data to inform state and local planning and policy decisions, and develop state and local strategic plans for addressing priorities based on the assessment of the data.**

**Benchmarks:**

- Data are compiled and analyzed by a State Epidemiological Workgroup to form a state profile that identifies related risk and protective factors.
- A state strategic framework plan is developed based on the priorities from the state profile.
- Specific indicators are identified to measure and track over time to guide the selection of culturally responsive programs and to focus state-level evaluation.
- Community indicator and resource subsets are organized in the Resource and Indicator Database to be used in local needs assessment efforts.
- The Healthy Kids Colorado survey data and data analysis reports are made available to local program planners.
- Technical assistance regarding data analysis is available for local programs.

**Objective 4.3: State data from the Web-based reporting and evaluation system is available for use in planning and decision-making.**

**Benchmarks:**

- A protocol is developed for aggregating data from the Web-based reporting and evaluation system.
- State aggregate data findings on outcomes from the Web-based reporting and evaluation system are reviewed by the Prevention Leadership Council and published in a report.
- Aggregate data findings from the Web-based reporting and evaluation system are made available for local use in planning and decision-making.

**GOAL V: Develop and maintain mechanisms to ensure collaborative planning and decision-making among local service providers, community groups and state agencies.**

**Objective 5.1: Establish communication networks between the Prevention Leadership Council and local service providers.**

**Benchmarks:**

- With input from local service providers, a system is established for the exchange of information between local providers networks and the Prevention Leadership Council.
- Information about the projects of the Prevention Leadership Council is communicated through networks of local providers, associations and other stakeholders.
- Information about local provider initiatives and learning needs is communicated to the Prevention Leadership Council for the purpose of informing the efforts of the Prevention Leadership Council.
- Electronic dialogue, such as CO-Train and online surveys, is utilized for learning, information sharing, and asking questions among the Prevention Leadership Council, local services providers, and other stakeholders.

**Objective 5.2: Form collaborative relationships with public and private prevention, intervention and treatment partners and initiatives.**

**Benchmarks:**

- A framework that guides collaboration with public and private prevention, intervention and treatment partners is adopted or adapted.
- Either a Memorandum of Agreement or a Memorandum of Understanding is utilized as a means of clarifying expectations and relationships between the Prevention Leadership Council and partners from public and private sectors.
- Regular and consistent communication occurs between agencies represented on the Prevention Leadership Council and their providers regarding the interagency projects of the Prevention Leadership Council.
- Multiple, cross-discipline networks are enhanced or developed to complement effective planning and collaborative efforts regarding prevention, intervention and treatment services for children and youth.
- Representatives of the Prevention Leadership Council are participants in interagency collaborative efforts, including, but not limited to:
    - Colorado Connections for Healthy Schools (Coordinated School Health Initiative);
    - Early Childhood State Systems Team (Smart Start Colorado);
    - Colorado Strengthening Families Committee;
    - Violence Prevention Advisory group;
    - Colorado System of Care Collaborative; and
    - House Bill-1451 State Steering Committee.

**GOAL VI: Promote prevention, intervention and treatment services for children and youth by reporting program outcomes and accomplishments to key decision-making groups.**

**Objective 6.1: Report effective service outcomes to decision makers.**

**Benchmarks:**

- Analysis of the statewide evaluation outcome data is conducted and data findings are utilized to document and to report on service priorities and needs, as well as to demonstrate effectiveness of services and to identify areas for improvement in the state prevention, intervention and treatment systems.
- Outcome findings on prevention, intervention and treatment services for children and youth are made available in various formats for use by state and local decision-decision makers, in particular, progress reports.

**GOAL VII: Review and Update the State Plan for Prevention, Intervention and Treatment Services for Children and Youth**

**Objective 7.1: Monitor the progress toward achieving the benchmarks of the State Plan.**

**Benchmarks:**

- Progress toward achieving the goals and objectives of the State Plan is documented and reviewed annually and revised biennially, as necessary, in conjunction with collaborative partners and with input from local communities.
- Process and outcome evaluation findings are utilized in determining revised priorities of the goals, objectives, and benchmarks of the State Plan.
- At least two public forums are convened in the state biennially to solicit community input on revising and updating the State Plan.
- The State Plan is revised in accordance with statutory requirements, current needs, lessons learned, and stakeholder input.
- Approval of the revised State Plan is obtained, as mandated by statute, and the plan is disseminated as provided by the rule of the Colorado Board of Health.

# APPENDIX A

## UNIFORM MINIMUM STANDARDS FOR PREVENTION INTERVENTION AND TREATMENT PROGRAMS FOR CHILDREN AND YOUTH

One of the requirements in C.R.S.§ 25-20.5 is the development and adoption of Uniform Minimum Standards for all state and federally funded prevention, intervention and treatment programs for children and youth, which include 41 state-level and more than 1,500 local programs currently operated/funded by the state departments of Education, Human Services, Public Health and Environment, Public Safety and Transportation.

The intent of this requirement is to create more uniform language and common expectations across state and local prevention/intervention programs and to promote the provision of high-quality prevention, intervention and treatment services throughout the state. The following standards are specified in the legislation:

- that programs provide research-based services that have been implemented in one or more communities with demonstrated success or that otherwise demonstrate a reasonable potential for success;
- that programs provide outcome-based services, specifying the outcomes to be achieved; and
- that programs work collaboratively with other public and private programs in the community.

The Colorado Board of Health CBOH) was given the authority to create/adopt additional standards, as needed, to enhance the quality of prevention, intervention and treatment services throughout the state.

Although the creation of and application of Uniform Minimum Standards are required, the statute, in fact, provides an opportunity for state agencies and local service providers to develop consensus regarding standards for prevention, intervention and treatment programs for these purposes:

- to assess strengths and areas for growth;
- to identify and disseminate information on programs that meet and exceed standards;
- to provide guidance/direction for new or developing programs; and
- to chart a course for sustaining and enhancing the quality of prevention and intervention programs and services throughout Colorado.

The Colorado Prevention Leadership Council, which is comprised of representatives from five state agencies, two institutions of higher education, and statewide resource organizations, convened a Uniform Minimum Standards Task Force to develop recommended standards. The task force reviewed criteria/standards used by existing prevention and intervention programs in Colorado, and it identified eight areas considered critical to the development and implementation of quality programs, including: clear problem statement, focus on contributing factors, identified services and service population, intended outcomes, evidence-based services, evaluation, agency capacity and collaboration. Proposed Uniform, Minimum Standards were written in each of these eight areas. The task force sent the proposed standards

to more than 200 local prevention and intervention programs for review and input. Comments from local program staff strongly supported the creation of the standards and provided good suggestions for refinement of the standards.

The Colorado Board of Health reviewed and adopted the proposed Uniform Minimum Standards in March 2004. A one-page version of the standards is found on the following page.

Special thanks also goes to the 75 local prevention and intervention service providers who reviewed and critiqued the proposed standards and provided comments and suggestions that significantly enhanced the final product. Additional thanks also goes to Mary Davis, former director of the Interagency Prevention Systems Project within the Colorado Department of Public Health and Environment, for her leadership in guiding the development of the Uniform Minimum Standards.

It is hoped that the spirit of collaboration that characterized the development of the Uniform Minimum Standards will continue as the standards are disseminated and incorporated into prevention, intervention and treatment practices throughout the State of Colorado.

# Appendix A

## Uniform Minimum Standards for Prevention, Intervention and Treatment Programs for Children and Youth

**Developed by the Colorado Prevention Leadership Council** **Adopted by the Colorado State Board of Health 3/17/04**

**Minimum Standard #1: Clear Statement of Problem/Issue(s) to be Addressed.**
The program/project identifies the specific problem/issue(s) to be addressed, and it describes a population or geographic area where the problem/issue exists. Estimates of the extent and nature of the problem in the population or geographic area to be served are based on relevant existing local, regional, state or national data (e.g. data from health, human services, education, law enforcement agencies, relevant studies or program data).

**Minimum Standard #2: Focus on Contributing Factors.**
The program/project specifies risk factors known to contribute to the problem and/or protective factors known to prevent or reduce the problem/issue(s) identified, and focuses its resources on changing these risk and/or protective factors. If specific risk and protective factors related to the problem have not been identified in the literature, the program/project provides a clear rationale for the program focus, based on relevant prevention/intervention or child/youth development principles, theories or frameworks.

**Minimum Standard #3: Intended Outcomes Specified.**
The program/project specifies one or more measurable outcomes it intends to achieve as a result of the prevention and intervention program/services to be provided. These intended outcomes are related to changing factors contributing to the problem, or factors contributing to the prevention or reduction of the problem. The intended outcomes specify the changes in knowledge, attitudes/beliefs, skills, behaviors, obstacles/enabling factors in the physical or social environment and/or changes in the physical or emotional health status, educational achievement or well-being of the individual, group or community being served.

**Minimum Standard #4: Evidence-Based Programs/ Services**.
The program/project provides prevention or intervention services that have been previously implemented in one or more communities with demonstrated success in achieving the intended results, or that otherwise demonstrate a reasonable potential for success based on research, sound prevention/intervention principles or relevant theory.

**Minimum Standard #5: Services and Target Population Specified.**
The program/project specifies the amount and type of services to be provided, and the proposed number of individuals, groups or the target population that will receive or benefit from the various program activities/services.

**Minimum Standard #6: Evaluation.**
(a) The program/project systematically documents and is able to provide data regarding services provided, activities carried out and the number of individuals, groups and/or target population(s) receiving the services or benefiting from program activities; and (b) the program/project systematically documents changes occurring as a result of the program services and activities provided, and is able to provide evidence of progress in meeting one or more of its intended outcomes.

**Minimum Standard #7: Agency Capacity.**
(a) Staff carrying out the program/project are trained in the specific program, services or model that they will be implementing, or they have at least two years prior experience in the successful implementation of similar prevention or intervention programs, practices and/or policies; and (b) The agency maintains records of revenues and expenditures by funding source, and can produce verification of expenses upon request. An independent review of the fiscal records/practices is conducted periodically, but no less frequently than annually.

**Minimum Standard #8: Collaboration.**
The program/project regularly exchanges information with other public, private and nonprofit prevention, intervention programs at the state, regional or local level (e.g. faith-based organizations, health, law enforcement, human service agencies, or other units of government) for the purposes of resource sharing, coordination of efforts, case management and to avoid duplication of services.

# APPENDIX B

## OUTCOMES AND INDICATORS

Revised January 16, 2000
Updated June 2005

### Section I: Updated 2000 Indicators and Measures

This section of Appendix B presents desired outcomes for all Colorado children and youth and indictors related to these outcomes, which were identified in the year 2000.

The desired outcomes for children and youth in Colorado are:

- All infants and children thrive.
- All children are ready for school.
- All children and youth succeed in school.
- All youth choose healthy behaviors.
- All youth avoid trouble/illegal behavior.
- All children live in caring and supportive families.
- All children and youth live in safe and supporting communities.

These outcomes represent the ideal. In and of themselves, the outcomes are too broad to be measured. Therefore, performance indicators have been identified to help quantify the desired outcomes. The performance indicators are defined as measures for which state-specific data and, in many cases, county-specific data are available. Each indicator is categorized under a single outcome, although in some cases the indicator may apply to more than one outcome.

Work will be conducted through the Colorado Prevention Leadership Council, as part of the efforts to accomplish the State Plan, to link the indicators to specific prevention, intervention and treatment services. In particular, the linkage of indicators will become part of needs assessment efforts, program planning efforts, implementation of services related to specific outcomes, and evaluation of services to quantify outcomes.

It is recognized that some of the desired outcomes are lacking in statewide data sets that would enable the development of related performance indicators. Also, there are state and national efforts to measure "promotional indicators," or those that focus on strengths or assets of children and families rather than on deficits. These include instruments that measure strengths that are labeled "protective factors," "developmental assets" or "resiliency." The research shows a strong inverse correlation between higher levels of "protective factors" and "developmental assets" and lower levels of risk behaviors. While tools have been developed and are being used to monitor these "promotional indicators," frequently the data sets do not represent statewide measures and may be more difficult to obtain reliable data than some of the more tangible deficits, such as mortality rates. This does not negate the importance of programs and communities focusing on strategies that seek to build these positive indicators.

It is not intended that local programs will be held accountable for changing state-specific, or even county-specific, performance measures. Instead, programs funded with state prevention, intervention and

treatment dollars will be asked to link their planned program goals and outcomes with one or more of the performance measures, identifying the theoretical link between the program goals and outcomes and the performance measures. It is understood that it will be the aggregate effort of a number of programs that will have the desired effect on the performance indicators.

There is an attempt here not to prioritize performance measures (in fact, some high-priority areas have no measures because of a lack of data sources), but to be as inclusive as possible so that a wide array of prevention programs can identify how they fit within this broad framework. It should also be noted that some programs, such as the Women, Infants and Children (WIC) nutrition program and the Child and Adult Care Food Program, which fall within the framework of the Division of Prevention and Intervention Services for Children and Youth, are federally funded programs designed to reach target populations with well-researched methodologies. Therefore, their performance measures are likely to include numbers reached with the service, instead of the impact on the population, which has already been demonstrated through prior research.

The tables on the following pages use the following acronyms:

AAP – American Academy of Pediatricians
CDE – Colorado Department of Education
CSAP – Colorado Student Assessment Program
CDPHE – Colorado Department of Public Health and Environment
- CACFP – Child and Adult Care Food Program
- CASH – Child, Adolescent and School Health Section
- CSHCN – Children with Special Health Care Needs
- CCTF – Colorado Children's Trust Fund
- DCEED – Disease Control and Environmental Epidemiology Division Health Statistics
- HCP – Health Care Program for Children with Special Needs
- HPDP – Health Promotion, Disease Prevention Division
- IRIS – Integrated Registration Information System
- PISCY – Division of Prevention and Intervention Services for Children and Youth
- PRAMS – Prenatal Risk and Assessment Monitoring System
- SLAITS – State and Local Area Integrated Telephone Survey
- V.S. – Vital Statistics
- WIC – Women, Infants and Children nutrition program
- YRBS – Youth Risk Behavior Survey (2004 and prior years)
- YTS – Youth Tobacco Survey

CHIP – Center for Human Investment Policy, University of Colorado at Denver
- DIAL – Developmental Indicators for the Assessment of Learning
- ECERS – Early Childhood Environment Rating Scale
- FDCRS – Family Day Care Rating Scale

CHA – Child Health Advocates
- CHP+ – Child Health Program Plus

DHS – Department of Human Services
- DYC – Division of Youth Corrections
- MH – Mental Health
- TANF – Temporary Assistance for Needy Families

HCPF – Health Care Policy and Financing
- MA – Medicaid

OMNI – OMNI Research and Training
- CYS – Colorado Youth Survey

YRBS – Youth Risk Behavior Survey (2005)
SBHC – School Based Health Centers
UCDHSC – University of Colorado at Denver Health Sciences Center

A. ALL INFANTS AND CHILDREN THRIVE

| INDICATOR | MEASUREMENT | DATA SOURCE | DATA CONTACT | STATE | COUNTY |
|---|---|---|---|---|---|
| 1. Childhood morbidity<br>a. Newborn screening for genetic factors | % of newborns screened | CDPHE | Genetics | Yes | Yes |
| b. Newborns screened for hearing impairment | % of newborns screened | CDPHE | HCP | Yes | Yes |
| c. Percent of low and very low birth weight live births | % of births defined as low and very low birth weight | CDPHE | Health Statistics | Yes | Yes |
| d. Early prenatal care | % of births to women receiving first trimester care | CDPHE | Health Statistics | Yes | Yes |
| 2. Leading causes of death by age category: 0-1, 2-5, 6-9, 10-14, 15-19<br>a. Infant mortality rate<br>b. SIDS<br>c. Unintentional injury<br>d. Motor vehicle injury<br>e. Suicide<br>f. Homicide<br>g. Child Abuse | Death rates /100,000 population (also available by gender and ethnicity) | CDPHE (Health Statistics) | Health Statistics | Yes | Yes |
| 3. Breast fed babies | % of mothers who breastfeed their babies at hospital discharge | CDPHE (PRAMS, WIC) | Health Statistics, WIC | Yes | Regional + large counties |
| 4. Health Insurance – for kids, including children with special health care needs (CSHCN) | % of children without health insurance and # kids enrolled in Medicaid and CHP+ compared with numbers eligible, # children enrolled in HCP full-service benefits | HCPF and CHA (CHP+)<br>AAP<br>CDPHE (HCP for CSHCN) | HCPF for Medicaid, CHA for CHP+, AAP annual estimates | Yes<br>Yes | Yes<br>No |
| 5. Obesity/Overweight | % of WIC clients above the 95$^{th}$ percentile ht/wt<br>% of obese 9-12 graders using BMI (from YRBS) | CDPHE (WIC, YRBS) | WIC, Health Statistics, OMNI | Yes | Yes, WIC |
| 6. Asthma | #/% school-age children with asthma, other per grant | CDPHE (School Nurse data tool, asthma grant) | CASH, Asthma grant | Planned | No |
| 7. Immunization rates | % 19-35 months old with completed immunizations<br>% children entering school fully immunized | CDPHE (Immunization Program, NIS) | Immunization Program | Yes | No |
| 8. Nonfatal injuries by age and cause (for injuries resulting in inpatient hospitalization) | # children and youth hospitalized for unintentional injury by cause of injury | CDPHE (Injury Control) | Injury Prevention, Health Statistics | Yes | Regions |
| 9. Access to dental services | % of Medicaid-enrolled children with dental exam in past year | HCPF | Oral Health Program Health Statistics | Limited | Dentists accepting Medicaid |

| INDICATOR | MEASUREMENT | DATA SOURCE | DATA CONTACT | STATE | COUNTY |
|---|---|---|---|---|---|
| 10. Dental sealants | % of third-grade children who have at least one sealant on a permanent molar | CDPHE (Special surveys) | Oral Health Program | Limited | No |
| 11. Access to specialty medical care for CSHCN | # children who receive HCP clinic services | CDPHE (HCP) | Paula Hudson, Bruce Straw, Health Statistics | Yes | Yes |
| 12. Access to mental health services | % Medicaid children/youth accessing MH services | DHS and Mental Health Association | Mental Health (DHS) | Yes | Yes |
| 13. Access to school-based health center | % school-age children with access to SBHC | CDPHE | CASH, Bruce Guernsey | Yes | Yes |
| 14. Do not feel sad and hopeless | % 9-12 graders reporting feeling sad and hopeless | CDPHE (YRBS) | Health Statistics OMNI | Yes | |
| 15. Have not seriously considered suicide | % 9-12 graders reporting seriously considering suicide | CDPHE (YRBS) | Health Statistics OMNI | Yes | |
| 16. Have not attempted suicide | % 9-12 graders reporting seriously considering suicide | CDPHE (YRBS) | Health Statistics | Yes | No |
| 17. STD rates | Gonorrhea, syphilis, chlamydia rates/100,000 10-14 and 15-19 year olds | CDPHE (Epidemiology) | DCEED, Ken Gershman | Yes | Yes |
| 18. HIV infection | HIV and AIDS rates/100,000 15-19 year olds and 20-24 year olds | CDPHE (Epidemiology) | DCEED, Ken Gershman | Yes | Yes |

B. ALL CHILDREN ARE READY FOR SCHOOL (Note: See Appendix B, Section II for updated Colorado School Readiness Indicator)

| INDICATOR | MEASUREMENT | DATA SOURCE | DATA CONTACT | STATE | COUNTY |
|---|---|---|---|---|---|
| 1. Child has a medical home | % with medical home, including CSHCN | CDPHE (SLAITS special survey for CSHCN only) | CDPHE, HCP, Shirley Babler | Yes, beginning 2002 | No |
| 2. Percentage of children fully immunized per state law | % of students in compliance with school and child care entry immunization laws | CDPHE (State Immunization Program) | Immunization Program | Yes | School district |
| 3. School readiness:<br>Age-appropriate language skills, attachment to caregivers, competent parents, motor development, social competence and emotional well being | Various instruments (e.g. DIAL, ECERS, FDCRS), outcomes of children with hearing loss at age 3 years | Various agencies (Consolidated child care pilots, "Ready to Succeed," CU Boulder for hearing loss) | CHIP, Donna Garnett<br><br>Arlene Stredler Brown | No<br><br>Yes | No, programmatic only<br>No |
| 4. Child care setting has access to health and safety consultation | % of licensed child care facilities with access to health and safety consultation | CDPHE (Periodic Survey, CO Assessment of Need for Nursing. Consultation for Child Care Centers 1999) | CASH, CDPHE | Yes | No |
| 5. Child care setting participates in CACFP to improve child nutrition | # children in CACFP centers | CDPHE (CACFP) | CACFP | Yes | Yes |

C. ALL CHILDREN AND YOUTH SUCCEED IN SCHOOL

| INDICATOR | MEASUREMENT | DATA SOURCE | DATA CONTACT | STATE | COUNTY |
|---|---|---|---|---|---|
| 1. Graduation Rates | % of students graduating from high school. based on the # of graduates divided by the end of year student population | CDE | Dave Smith | Yes | School district |
| 2. CSAP or IOWA | % students reading at grade level | CDE | Note: These need further review | Yes | School/school district |
| 3. Expulsion | Estimated rate of expulsions from school /1,000 juveniles (ages 10-17) | CDE | Dave Smith | Yes | Yes |
| 4. Suspension | Estimated rate of suspensions from school /1,000 juveniles (ages 10-17). | CDE | Dave Smith | Yes | Yes |
| 5. Drop-out percentage | % of students (grades 9-12) who drop out of school in a single year without completing school | CDE | Dave Smith | Yes | Yes |
| 6. Involved in at least one non-academic school activity | % of students reporting involvement in at least one non-academic school activity | OMNI (CYS) | Jim Adams-Berger | | Selected schools |

D. ALL YOUTH CHOOSE HEALTHY BEHAVIORS

| INDICATOR | MEASUREMENT | DATA SOURCE | DATA CONTACT | STATE | COUNTY |
|---|---|---|---|---|---|
| 1. No binge drinking | % of students reporting 5 or more drinks in a row in previous 30 days | CDPHE (YRBS)<br>OMNI (CYS) | Health Statistics<br>Jim Adams-Berger | Yes | No |
| 2. No alcohol use in past 30 days | % of students reporting no use in past 30 days | CDPHE (YRBS)<br>OMNI (CYS)<br>Assets for CO Youth (Search Survey) | Barbara Ritchen or Health Statistics,<br>Jim Adams-Berger, | Yes, Yes, No | Some by school/ community |
| 3. No regular tobacco use in past 30 days | % of students reporting no use in past 30 days | CDPHE (YRBS, YTS)<br>OMNI (CYS) | Health Statistics and Karen Deleeuw<br>Jim Adams-Berger | Yes, yes, yes (11/00) | Some by school/ community |
| 4. No tobacco use in past 30 days | % of students reporting no use in past 30 days | CDPHE (YRBS, YTS )<br>OMNI (CYS) | Health Statistics and Karen Deleeuw<br>Jim Adams-Berger | Yes, yes, yes (11/00) | Some by school/ community |
| 5. No illegal drug use | % of students reporting no use in past 30 days | CDPHE (YRBS)<br>OMNI (CYS) | Health Statistics,<br>Jim Adams-Berger | Yes, yes | Some by school/ community |
| 6. Use seatbelts | % 9-12 grade students reporting seatbelt use | CDPHE (YRBS) | Health Statistics | Yes | Selected schools |
| 7. Don't drink and drive | % 9-12 graders who report not drinking and driving | CDPHE (YRBS)<br>OMNI (CYS) | Jim Adams-Berger | Yes | Selected schools |

| INDICATOR | MEASUREMENT | DATA SOURCE | DATA CONTACT | STATE | COUNTY |
|---|---|---|---|---|---|
| 8. Don't ride with drivers who have been drinking | % 9-12 graders who report not riding with drivers who have been drinking | CDPHE (YRBS)<br>OMNI (CYS) | Health Statistics | Yes | Selected schools |
| 9. Exercise regularly | % 9-12 graders who report participation in activities that made them sweat and breathe hard for 20 or more mins. at least 3 of the previous 7 days | CDPHE (YRBS) | Health Statistics | Yes | No |
| 10. Eat healthy diet | % students reporting eating 5 or more servings/day of fruits and vegetables | CDPHE (YRBS) | Health Statistics | Yes | No |
| 11. Use bike helmets | % of students who had ridden a bike during previous 12 months or wore bike helmet always or almost always | CDPHE (YRBS) | Health Statistics | Yes | No |
| 12. If ride motorcycles, wear helmets | % of students who had ridden motorcycle during previous 12 months who always or almost always wore helmet | CDPHE (YRBS) | Health Statistics | Yes | No |
| 13. Abstain from sexual activity | % of students reporting never having had sexual intercourse; % who had been abstinent for 3 months prior to survey; | CDPHE (YRBS) | Health Statistics | Yes | No |
| 14. Teen fertility | Births/1000 13-14 and 15-17 year old females (available by ethnicity) | CDPHE (Health Statistics) | Health Statistics | Yes | Yes |
| 15. If sexually active, use condoms and effective contraception | % sexually active students using OCPs, Depo, and/or condom at last I.C. | CDPHE (YRBS) | Health Statistics | Yes | No |
| 16. Avoid anorexic/bulimic behaviors | % students who report vomiting or taking laxatives to lose weight or keep from gaining weight in previous 30 days | CDPHE (YRBS) | | Yes | No |
| 17. Protective factors and developmental assets | Research has linked protective factors and developmental assets with decreased risks | OMNI (CYS)<br>Assets for CO Youth (Search Institute Survey) | Jim Adams-Berger Search Institute | Yes | Some school- or community-specific data |

E. ALL YOUTH AVOID TROUBLE/ILLEGAL BEHAVIOR

| INDICATOR | MEASUREMENT | DATA SOURCE | DATA CONTACT | STATE | COUNTY |
|---|---|---|---|---|---|
| 1. Age of first adjudication | # of youth by age of first adjudication | DHS (DYC) | Ed Wensuc | Yes | Yes |
| 2. Juvenile alcohol-related arrests | Juvenile arrest rate for alcohol violations per 100,000 juveniles 10-17 | OMNI | Jim Adams-Berger | Yes | Yes |
| 3. Juvenile non-violent arrest rate | Juvenile delinquency, property crimes | DHS (DYC) | Ed Wensuc | Yes | Yes |
| 4. Juvenile violent arrest rate | Rate /100,000 for 10-17 year olds | OMNI | Jim Adams-Berger | Yes | Yes |
| 5. Avoid weapon carrying (in last 30 days) | % 9-12 graders reporting carrying weapon | CDPHE (YRBS) | Health Statistics | Yes | No |
| 6. Juvenile drug-related arrest rate | Rate /100,000 for 10-17 year olds | OMNI | Jim Adams-Berger | Yes | Yes |
| 7. Avoid physical fighting | % 9-12 graders not in 1 or more physical fights in previous 12 months | CDPHE (YRBS) | Health Statistics | Yes | Selected schools |

| INDICATOR | MEASUREMENT | DATA SOURCE | DATA CONTACT | STATE | COUNTY |
|---|---|---|---|---|---|
| 8. Juvenile DUI arrests | Juvenile arrest rate for "driving under the influence" /1,000 10-17 year olds | OMNI | Jim Adams-Berger | Yes | Yes |

F. ALL CHILDREN LIVE IN CARING AND SUPPORTIVE FAMILIES

| INDICATOR | MEASUREMENT | DATA SOURCE | DATA CONTACT | STATE | COUNTY |
|---|---|---|---|---|---|
| 1. Live births | Proportion of live births that are intended | Health Statistics | Chris Wells | Yes | Yes for larger counties and regions - % of intended births |
| 2. Family violence arrest rates | | OMNI | Jim Adams-Berger | Yes | Yes |
| 3. Confirmed incidence of abuse | Confirmed cases of child abuse (/1000) | DHS (Child Abuse Registry) | Human Services (Charles Perez) | Yes | Yes |
| 4. Confirmed incidence of neglect | Confirmed cases of neglect | DHS (Child Abuse Registry) | Human Services (Charles Perez) | Yes | Yes |
| 5. Increasing parent/child attachment and bonding | CTF Program tool(s); % of parents of CSHCN who have participated in program and policy activities | CDPHE (CCTF)<br>CDPHE (HCP/IRIS) | Scott Bates<br>HCP parent position | No<br>Yes | Program - CCTF<br>No |
| 6. Increasing parenting skills and knowledge | Program tool(s) | CDPHE (CCTF) | Scott Bates | No | Program - CCTF |
| 7. Increasing parent knowledge/understanding of appropriate child development | Program tool(s) | CDPHE (CCTF) | Scott Bates | No | Program - CCTF |
| 8. Increasing knowledge and skills in accessing community resources | CTF Program tool(s); # families receiving HCP care coordination | CDPHE (CCTF)<br>CDPHE (HCP/IRIS) | Scott Bates<br>Bruce Straw | No<br>Yes | Program-CCTF<br>Yes |
| 9. Increasing positive child health maintenance behaviors | Program tool(s) | CDPHE (CCTF) | Scott Bates | No | Program - CCTF |
| 10. Increasing knowledge and skills regarding child safety and injury prevention | Program tool(s) | CDPHE (CCTF) | Scott Bates | No | Program - CCTF |

G. ALL CHILDREN AND YOUTH LIVE IN SAFE AND SUPPORTING COMMUNITIES

| Indicator | Measurement | Data Source | Data Contact | State | County |
|---|---|---|---|---|---|
| 1. Number of first-time, high- risk moms participating in nurse home visitation program | % of all first-time (high-risk) teen moms participating in nurse home visitation program | CDPHE/UCHSC | Jan Reimer/Peggy Hill | Yes | Yes, as reported by program |
| 2. Number of times families move in a year | # of new residents moved into an area minus # of residents moved out of an area/1,000 population | State demographer/OMNI | Jim Adams-Berger | Yes | Yes |
| 3. Number of idle youth (youth in a community who are neither employed nor in school) | % of 16-19 year olds not in school and not employed | U.S. Census, 2000 only | CDPHE, Sue Ricketts | Yes | Yes |
| 4. Free and reduced lunch | % of students in public schools with approved applications for free and reduced lunch | CDE/OMNI | Jim Adams-Berger | Yes | Yes |
| 5. Number times student has changed schools since Kindergarten | Student report | OMNI (CYS) | Jim Adams-Berger | Yes | Selected communities |
| 6. Children in poverty | % of children in poverty | U.S. Census Bureau | Sue Ricketts | Yes | Yes |
| 7. TANF | Rate per 1,000 population | CO Office of Self Sufficiency/OMNI | Jim Adams-Berger | Yes | Yes |
| 8. Alcohol sales outlets | # alcohol sales outlets/1,000 population | CDOT/OMNI | Jim Adams-Berger | Yes | Yes |
| 9. Employment rate | % of labor force not employed | Labor and Employment/OMNI | Jim Adams-Berger | Yes | Yes |

# APPENDIX B

## OUTCOMES AND INDICATORS (CONTINUED)
### Section II: Colorado School Readiness Indicators

**Background**

Colorado's School Readiness Indicators Project focuses on young children birth through 8 years old. The intent of the project is to create a set of indicators to measure the readiness of the children themselves, their families, and the communities in which they live and the schools they will attend. The Colorado School Readiness Indicators Task Force worked with the other 16 states for more than two years to select, define and measure the 62 indicators outlined below. Although many common indicators were selected across the 17 states, each state developed indicators specific to their geography and needs.

The full report on Colorado's School Readiness Indicators (November 2004) can be accessed online at **www.schoolreadinesscolorado.org**, or copies can be requested by calling the Colorado Department of Public Health and Environment at 303-692-2940.

Colorado's indicators are based on the best and most current research from experts in the fields of education, health, mental health, child development, evaluation, community planning, and child advocacy. The 62 indicators are a combination of both outcome measures, such as math and reading proficiency, and predictors of school readiness, such as health status and family stability. The "ready child" indicators focus on the physical, social, emotional, language and cognitive development of children, while the remaining indicators relate to the ability of families, schools, and communities to support children's readiness for school. Taken together, they are all essential ingredients impacting children's success in school.

Although the national and state project has completed this initial work, the indicators will continue to be a work in progress with data updated annually by the Health Statistics Section of the Colorado Department of Public Health and Environment.

**Purpose and Scope**

The school readiness indicator data set was created to:

- describe child, family, school, and community conditions
- inform state and local community planning and policy making
- measure progress in improving child outcomes
- monitor impact of investments and policy choices

The Colorado School Readiness Indicators describe readiness in four essential domains:

- ready child,
- ready family,
- ready school, and
- ready community

What follows is a listing of the 62 indicators that have been chosen for the Colorado School Readiness Indicators Data Set. Some of the indicators are outcome measures, with clear short and long-term ramifications to school readiness, while others are predictors of these outcomes, with a theoretical basis of the impact on children's ability to succeed in school. Some of the indicators are labeled as *developmental measures*, meaning that while the indicator is important to school readiness, no ongoing, statewide data source has yet been identified or developed.

The full report describes the impact of each domain on school readiness and the indicators that reflect Colorado's ability to prepare children for success in school. The full report also presents Colorado and national data, as well as supporting research, for each measure, when available.

# Colorado School Readiness Indicators

## READY CHILD

### Physical Well Being and Motor Development

**1** Percent of low birth weight births
**2** Percent of children with up-to-date immunizations by 2 years of age
**3** Percent of overweight or obese children

### *Developmental Physical Well Being and Motor Development Indicators*

**4** Percent of children with health insurance
**5** Percent of children who have health care needs that were not met
**6** Percent of children who have oral health needs that were not met
**7** Percent of 3rd graders with untreated tooth decay
**8** Percent of children achieving developmental milestones

### Social Emotional

**9** Child abuse and neglect rate

### *Developmental Social Emotional Indicators*

**10** Percent of children with social/emotional difficulties
**11** Percent of children with ability to have secure attachment
**12** Percent of children able to participate in group
**13** Percent of preschool-third grade children who are disruptive in class/overly aggressive
**14** Percent of children who act isolated and withdrawn
**15** Percent of children who have the ability to self-regulate
**16** Percent of children who demonstrate prosocial behavior
**17** Number of children expelled or suspended from child care

### Language and Cognitive Development

**18** Proficiency in third grade reading test
**19** Achievement gap in third grade reading test
**20** Percent of English language learners in elementary schools

**21** Percent of infants with newborn hearing screening
**22** Proficiency in fifth grade math test

***Developmental Language and Cognitive Development Indicators***
**23** Percent of infants and children read to on regular basis
**24** Percent of K-3 students absent more than 10 days in a school year

## READY FAMILY

**25** Percent of children living in poverty
**26** Percent of children in low-income families (below 200% of the federal poverty level)
**27** Percent of infants born to a high-risk mother
**28** Out-of-home placement mobility rate
**29** Number of homeless students

***Developmental Ready Family Indicators***
**30** Percent of families with children who are achieving economic self-sufficiency
**31** Percent of families with children experiencing hunger/food insecurity
**32** Percent of parents with poor mental health
**33** School change rate

## READY SCHOOL

**34** Average elementary school class size
**35** Full-day kindergarten availability rate
**36** Number of elementary schools with a school-based health center
**37** Percent of underperforming elementary schools
**38** Percent of schools with identified construction needs exceeding local resources

***Developmental Ready School Indicators***
**39** Percent of children entering kindergarten with individual transition plan
**40** Percent of K-3 teachers with early childhood credential
**41** Parent involvement rate
**42** Percent of K-3 classrooms with appropriate class size
**43** Percent of elementary schools offering family and community services

## READY COMMUNITY

**Early Care and Education**
**44** Number of credentialed early care and education educators
**45** Capacity of licensed child care programs
**46** Child care subsidy enrollment rate

***Developmental Early Care and Education Indicators***
**47** Percent of high-quality child care programs
**48** Capacity rate of publicly funded preschool programs

**Health Care**

**49** Percent of Colorado counties identified as having a shortage of primary health care providers

**50** Percent of primary care physicians willing to accept Medicaid and/or CHP+

***Developmental Health Care Indicators***

**51** Percent of Colorado counties identified as having a shortage of oral health providers

**52** Percentage of Colorado counties identified as having a shortage of mental health providers

**Quality of Life**

**53** Rate of unemployment among people with children

**54** Housing affordability for low-income families

**55** High school drop out rate

**56** High school graduation rate

**57** Juvenile violent crime arrest rate

**58** Violent crime rate

***Developmental Quality of Life Indicators***

**59** Percent of children who have been exposed to violence

**60** Availability rate of public amenities and community resources

**61** Availability and access to family literacy services

**62** Number of families receiving structured family literacy services